



Family Input Form

please complete and return in order to assist our staff in ensuring a successful and enjoyable experience for your child at Lamdeni.

Childs Name:	
D.O.B:	Age:
Lamdeni Day & Level:	
Diagnosis:	
Medication (if any):	
Parent's Name and Contact number:	
Emergency Contact:	

My Childs strengths:
My Childs Interests / Activities your child enjoys:
How does your child communicate and does your child require support to communicate:
How does your child engages in play with others at different times of the

day/different environments:

Recommendations for Lamdeni:

What is challenging for your child?

How does your child settle in to a new environment?

Recommendations for Lamdeni staff in assisting your child in an event of your child becoming distressed.

Special Food restrictions / requirements (if any)

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What areas does your child require support:

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YOUR (family) expectations and needs:

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The relationship between the family and Lamdeni – how can we ensure successful experience for your child at Lamdeni

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Does your child need assistance with toileting?

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Other specific suggestions for Lamdeni environment:

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Documents required:

- * Doctors Diagnosis and any medical evidence / letter
- * Any relevant information/handouts explaining your child's diagnosis / difficulties

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